



OFFICE OF THE ILLINOIS STATE TREASURER
ALEXI GIANNOULIAS

PLEDGE FORM

Holocaust Survivor Reparation Fee Waiver

On behalf of the below stated financial institution, I pledge to waive wire transfer and other fees associated with processing Holocaust reparation and restitution payments.

Name of Financial Institution: _____

Concurrence Certified by:

Print Name and Title

Signature

Date

NOTE: A senior officer with requisite authority to sign on behalf of the institution must sign the concurrence.

Please submit Pledge Form by mail to:

Laura Oakleaf
Senior Policy Advisor
Illinois State Treasurer Alexi Giannoulis' Office
James R. Thompson Center
100 W. Randolph St., Suite 15-600
Chicago, IL 60601

State Capitol
Room 219
Springfield, IL 62706
Phone: (217) 782-2211
Fax: (217) 785-2777

James R. Thompson Center
100 W. Randolph Street
Suite 15-600
Chicago, IL 60601
Phone: (312) 814-1700
Fax: (312) 814-5930

Jefferson Terrace
300 West Jefferson Street
Springfield, IL 62702
Phone: (217) 782-6540
Fax: (217) 524-3822

Myers Building
One West Old State Capitol Plaza
Suite 400
Springfield, IL 62701
Phone: (217) 785-6998
Fax: (217) 557-9365

Municipal Building West
200 Potomac Boulevard
Mt. Vernon, IL 62864
Phone: (618) 244.8369
Fax: (618) 244.8370